

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

69/122588

FILING DATE

7-23-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/			51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		4					55		/				
6		4					56		/				
7		4					57		/				
8		4					58		/				
9		4					59		/				
10		4					60		/				
11		4					61	/					
12		4					62						
13		4					63						
14		4					64						
15		2					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28		4					78						
29		4					79						
30		4					80						
31		4					81						
32		4					82						
33		4					83						
34		4					84						
35		4					85						
36		4					86						
37		4					87						
38		4					88						
39		4					89						
40		4					90						
41		4					91						
42		4					92						
43		4					93						
44		4					94						
45		4					95						
46		4					96						
47		4					97						
48		4					98						
49		4					99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.							TOTAL DEP.	191					
TOTAL CLAIMS							TOTAL CLAIMS	194					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS